

ATTACHMENT H

Progress Report

Department of Social Services
Division of Child Care and Development
7 North Eighth Street – Sixth Floor
Richmond, Virginia 23219

Grantee:		Grant Number: CCD-07-047	
Project Title:		Date of Report:	
Grant Period: 7/1/07	To:6/30/08	Final Report? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Project Completed:		Report Period Ending: 9/30 <input type="checkbox"/> 12/31 <input type="checkbox"/> 3/31 <input type="checkbox"/> 6/30 <input type="checkbox"/>	
Program Administrator:		Project Director:	

This progress report is required as part of the program reporting requirements of the Department of Social Services. The report should include:

I. Program Activities and Issues

Describe in narrative form the progress of your project during this reporting period. If this is a final report, the report should be cumulative as well.

- A. Make reference to the project workplan, describing any activities relative to the achievement of objectives. Explain any changes in projected activities and workplan time frames.
- B. Integrate within the narrative an analysis of the evaluation data to support the project outcomes.

II. Quarterly Status Report

Enclosed is a blank Status Report form. As part of this report, you should: (1) Transfer your workplan Activities, Outputs, and Outcomes to the appropriate columns on the blank quarterly status report form; (2) Fill in the column titled "Accomplishments" by briefly describing the progress made toward implementing each of the various activities during this reporting period and the outcomes achieved. Progress made on project activities should be supported by any relevant documentation and/or data for performance measures.

Mail an original and one copy of this report, including this Face Sheet, the written narrative, and the Quarterly Status Report to Carole Andrews, Division of Child Care and Development, 6th floor Department of Social Services, 7 N. 8th St., Richmond, Virginia 23219.

VDSS Use Only	
TA Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Recommendation:	
Action Taken:	